



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Aging and Long-Term Support Administration

PO Box 45600, Olympia, WA 98504-5600

August 13, 2018

**CERTIFIED MAIL # 7018 0360 0000 1579 1679**

Licensee, Orchards Highlands Enhanced Services Facility Inc.  
9505 NE 116th Avenue  
Vancouver, WA 98662

Enhanced Services Facility License #1000002  
Entity Administrator: Nahid Razzaghy

**IMPOSITION OF AMENDED AND CONTINUED CONDITIONS ON THE LICENSE**

Dear Licensee:

On August 8, 2018, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection at your facility. This letter is formal notice of the imposition of conditions on the license of your Enhanced Services Facility, located at **9505 NE 116th Avenue, Vancouver**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.97.110 and Washington Administrative Code (WAC) 388-107-1430 and 388-107-1100(2)(b)(i).

The conditions on the license are based on the following violations of the RCW and/or WAC determined by the department in your Enhanced Services Facility and described in the attached Statement of Deficiencies (SOD) report dated **August 8, 2018**.

**WAC 388-107-0830(3) – Resident bathing facilities.**

**The facility failed to ensure residents had access to an immersion tub for bathing as required. The unavailability of an adequate immersion tub violated the residents' rights to make bathing choices.**

**This is an uncorrected citation from the Statement of Deficiencies (SOD) reports dated June 9, 2017, September 22, 2017, November 20, 2017 and May 7, 2018.**

**NOTE: This is the violation which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.**

The department has determined that the following conditions shall be placed on your adult family home license:

- *The facility must contact Construction Review Services (CRS), within two weeks from the receipt of this letter, to get clarification on the process required for submitting a request for an approved immersion bathtub.*
- *The facility must submit a request to CRS for approval of an immersion bathtub, within 30 days from the receipt of this letter, and follow the steps identified by CRS, including payment of any fees required for approval and/or installation.*
- *The facility will provide the Region 3 Vancouver office Field Manager documentation verifying communication with CRS and the steps taken to obtain and install an approved immersion bathtub for the facility in compliance with WAC 388-107-0830.*
- *The immersion bathtub must be permanently installed in the facility by October 10, 2018.*
- *The licensee must post this Notice of Conditions, with the license, in the Enhanced Services Facility in a location accessible to residents and visitors.*

These conditions are effective immediately on **August 13, 2018** and remain in effect until lifted by formal Department of Social and Health Services notice.

**The conditions imposed on your license on May 14, 2018 continue to remain in effect until formally lifted by the department.**

### **Plan of Correction (POC):**

#### **You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, provide a written Plan of Correction (POC) which must include for each citation:
  - a. How the facility will correct the deficiency as it relates to the resident;
  - b. How the facility will act to protect residents in similar situations;
  - c. Measures the facility will take, or the systems it will alter, to ensure that the problem does not recur;
  - d. How the facility plans to monitor its performance to make sure that solutions are sustained;
  - e. Dates when the corrective action will be completed which cannot be more than 45 days from the date of the SOD.

Should a citation require more than 45 days to complete, you must obtain permission from the Field Manager;

- f. The title of the person or persons responsible to ensure correction for each deficiency;
- g. Administrator Signature and date signed;
- Sign the SOD;
- Mail the SOD and POC with original signature to:

Karyl Ramsey, Field Manager  
Region 3, Unit E  
800 NE 136<sup>th</sup> Avenue, Suite 220  
Vancouver, WA 98684  
Phone: (360) 397-9556 / Fax: (360) 992-7969

- Complete the correction(s) within 45 days, or sooner if directed by the department after review of your proposed correction dates.

## **Appeal Rights:**

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

### Informal Dispute Resolution

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

**The written request must be received by the 10<sup>th</sup> working day from receipt of this letter.**

During the IDR process you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.



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Send your **written** request to:

Informal Dispute Resolution Program Manager  
Residential Care Services  
PO Box 45600  
Olympia, Washington 98504-5600

Formal Administrative Hearing

You may contest the conditions on the license by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the enforcement actions. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

**The written request must be received within twenty (20) calendar days of receipt of this letter.** The Department's hearing rules are described in WAC Chapter 388-02.

Send your **written** request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

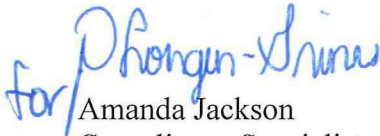
**NOTICE:** State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or an individual for whom the service member provided more than one-half of the individual's support for one hundred eighty days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

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If you have any questions, please contact Karyl Ramsey, Field Manager at (360) 397-9556.

Sincerely,

  
Amanda Jackson  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit E  
RCS Regional Administrator, Region 3  
HCS Regional Administrator, Region 3  
DDA Regional Administrator, Region 3  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
HQ Central Files  
DRW  
jbc